


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

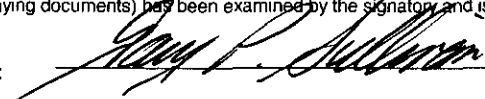
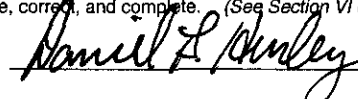
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER 005 - 998	2. PERIOD COVERED MO DAY YEAR From 01 01 2002 Through 12 31 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name GARY Last Name SULLIVAN P.O. Box • Building and Room Number (if any) Number and Street 120 BAY STATE DRIVE City BRAINTREE State ZIP Code + 4 MA 02184 - 		
4. AFFILIATION OR ORGANIZATION NAME UTILITY WORKERS AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 369	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  Date _____ Telephone Number _____	PRESIDENT (If other title, see instructions.)	77. SIGNED:  Date 3-28-03 Telephone Number 781-848-3740	TREASURER (If other title, see instructions.)
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STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 005 - 998

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	4 5 6 3 0 0	6 1 5 5 9 3
	26. Accounts Receivable.....		9 5 3 5 4	1 2 3 0 6 1
	27. Loans Receivable.....		5 2 0 0	2 8 0 0
	28. U.S. Treasury Securities.....		5 6 3 9 1 6	0
	29. Investments.....	2	1 7 6 5 6	6 9 4 3 5 3
	30. Fixed Assets.....	5	6 0 7 9 7 9	8 0 4 0 3 1
	31. Other Assets.....	3	1 5 7 3 4	2 0 2 1 5
	32. TOTAL ASSETS.....		1 7 6 2 1 3 9	2 2 6 0 0 5 3
	LIABILITIES	33. Accounts Payable.....	8	4 0 8 1 8
34. Loans Payable.....		3 4 4 5 9 1		6 0 2 7 2 1
35. Mortgages Payable.....		0		0
36. Other Liabilities.....		4	1 1 4 0 6 2	2 1 1 0 0
37. TOTAL LIABILITIES.....			4 9 9 4 7 1	8 5 3 7 9 3
38. NET ASSETS (Item 32 less Item 37).....			1 2 6 2 6 6 8	1 4 0 6 2 6 0

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 5 - 9 9 8

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			1 9 8 1 9 6 8	56. To Officers.....	9		4 4 3 6 3 7
40. Per Capita Tax.....			0	57. To Employees.....	10		1 3 7 2 2 0
41. Fees.....			0	58. Per Capita Tax.....			4 1 6 2 2 5
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments.....			1 3 1 2 7	60. Office & Administrative Expense....	13		2 0 7 0 1 0
44. Work Permits.....			0	61. Educational & Publicity Expense...			6 8 3 4
45. Sale of Supplies.....			6 4 0 1 0	62. Professional Fees.....			1 1 4 7 2 2
46. Interest.....			3 8 1 1 3	63. Benefits.....	11		5 5 1 9 4
47. Dividends.....			2 8 9 2	64. Contributions, Gifts & Grants.....	12		1 6 5 2 8
48. Rents.....			1 0 7 6 7 5	65. Supplies for Resale.....			7 7 1 0
49. Sale of Investments & Fixed Assets.....	6		1 0 8 3 2 1 1	66. Direct Taxes.....			9 7 1 8 2
50. Loans Obtained.....	8		6 0 0 0 0 0	67. Withholding Taxes.....			0
51. Repayments of Loans Made.....	1		2 4 0 0	68. Purchase of Investments & Fixed Assets.....	7		1 5 0 1 4 7 2
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			0	70. Repayment of Loans Obtained.....	8		3 4 0 7 4 5
54. Other Receipts.....	14		4 4 4 0 6	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		4 3 4 0 3 0
55. TOTAL RECEIPTS.....			3 9 3 7 8 0 2	74. TOTAL DISBURSEMENTS			3 7 7 8 5 0 9

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: MASTRANGELO CATERING Purpose: CARPET REPLACEMENT Security: NONE Terms: \$200/MONTH	5 2 0 0	0	2 4 0 0	0	2 8 0 0
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	5 2 0 0	0	2 4 0 0	0	2 8 0 0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 0 0 5 - 9 9 8

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	8 6 5 6
2. Total Book Value	1 7 6 5 6
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) NSTAR COMMON STOCK	1 0 5 8 2
(b) NSTAR PREFERRED STOCK	4 7 6 5
(c)	
(d)	
Other Investments	
4. Total Cost	6 7 6 6 9 7
5. Total Book Value	6 7 6 6 9 7
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) MONEY MARKET FUNDS	4 3 4 0
(b) CERTIFICATES OF DEPOSIT	1 0 0 0 0 0
(c) MORTGAGE BACKED SECURITIES	5 7 2 3 5 7
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	6 9 4 3 5 3
The total from Line 7 is entered in Item 29, Column (B)	

SCHEDULE 3 - OTHER ASSETS

Description (A)	Book Value (B)
1. REAL ESTATE TAX ESCROW	5 4 1 7
2. FINANCING COSTS, NET	6 4 8 5
3. PREPAID EXPENSES	8 3 1 3
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 0 2 1 5
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. ACCRUED EXPENSES	2 1 1 0 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 1 1 0 0
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 0 5 - 9 9 8

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 120 BAY STATE DR, BRAINTREE, MA	9 3 6 0 0		9 3 6 0 0	9 3 6 0 0
2. Totals from additional pages (if any)				
3. Buildings (give location): 120 BAY STATE DR, BRAINTREE, MA	6 0 6 4 2 0	3 7 1 4 3 7	2 3 4 9 8 3	2 3 4 9 8 3
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	8 6 2 0 8	3 4 3 3 8	5 1 8 7 0	5 1 8 7 0
6. Office Furniture and Equipment	6 5 7 3 8	3 5 3 7 4	3 0 3 6 4	3 0 3 6 4
7. Other Fixed Assets	4 8 7 9 0 9	9 4 6 9 5	3 9 3 2 1 4	3 9 3 2 1 4
8. Totals of Lines 1 through 7	1 3 3 9 8 7 5	5 3 5 8 4 4	8 0 4 0 3 1	8 0 4 0 3 1
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. INVESTMENTS	1 1 2 5 3 3 8	1 1 2 5 3 3 8	1 0 8 3 2 1 1	1 0 8 3 2 1 1
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	1 1 2 5 3 3 8	1 1 2 5 3 3 8	1 0 8 3 2 1 1	1 0 8 3 2 1 1
	7. Less Reinvestments			0
	8. Net Sales			1 0 8 3 2 1 1
The total from Line 8 is entered in Item 49				

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 5 - 9 9 8

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. HEAT/SMOKE DETECTORS. REZONING IN CONF ROOM - EQUIPMENT	2 1 4 7	2 1 4 7	2 1 4 7
2. SHELVING - FURNITURE & FIXTURES	1 5 1 2	1 5 1 2	1 5 1 2
3. FINANCING COSTS	6 8 2 5	6 8 2 5	6 8 2 5
4. EXTERIOR FACADE WORK/ INTERIOR RENOVATIONS - IMPROVEMENTS	2 5 0 6 9 1	2 5 0 6 9 1	2 5 0 6 9 1
5. Totals from additional pages (if any)	1 2 4 0 2 9 7	1 2 4 0 2 9 7	1 2 4 0 2 9 7
6. Totals of Lines 1 through 5	1 5 0 1 4 7 2	1 5 0 1 4 7 2	1 5 0 1 4 7 2
			7. Less Reinvestments
			0
			8. Net Purchases
			1 5 0 1 4 7 2
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. MEMBERS OF UWUALU 369	1 6 3 5 0	0	0	1 1 2 5	1 5 2 2 5
2. MORTGAGE	3 0 3 6 2 6	6 0 0 0 0 0	3 2 8 3 2 2	0	5 7 5 3 0 4
3. NOTE PAYABLE TO A BANK	2 4 6 1 5	0	1 2 4 2 3	0	1 2 1 9 2
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	3 4 4 5 9 1	6 0 0 0 0 0	3 4 0 7 4 5	1 1 2 5	6 0 2 7 2 1
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34					
			with Explanation		Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 005 - 998

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1.	CARNEY PATRICK PRESIDENT P	8 1 5 8 8	0	0	0	8 1 5 8 8
2.	SULLIVAN GARY PRESIDENT N	2 2 2 3 7	0	0	0	2 2 2 3 7
3.	NEE MICHAEL VICE-PRESIDENT P	1 1 7	0	0	0	1 1 7
4.	YETMAN KEVIN VICE-PRESIDENT P	4 4 1 4	0	0	0	4 4 1 4
5.	BALDWIN VINCENT VICE-PRESIDENT N	5 7 5 9	0	0	0	5 7 5 9
6.	SULLIVAN GARY SECRETRY/TREAS P	7 7 0 6 6	0	0	0	7 7 0 6 6
7.	BALDWIN VINCENT SECRETRY/TREAS P	2 0 9 2 7	0	0	0	2 0 9 2 7
8. Totals from additional pages (if any)		2 3 1 5 2 9	0	0	0	2 3 1 5 2 9
9. Totals of Lines 1 through 8		4 4 3 6 3 7	0	0	0	4 4 3 6 3 7
			10. Less Deductions		0	
The total from Line 11 is entered in Item 56			11. Net Disbursements		4 4 3 6 3 7	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 005 - 998

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. HOURIHAN ELLEN OFFICE MANAGER N/A	5 0 9 3 9	0	0	0	5 0 9 3 9
2. MARANI LINDA OFFICE ASSISTANT N/A	1 3 9 6 7	0	0	0	1 3 9 6 7
3.					
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	7 2 3 1 4	0	0	0	7 2 3 1 4
8. Totals of Lines 1 through 7	1 3 7 2 2 0	0	0	0	1 3 7 2 2 0
			9. Less Deductions	0	
The total from Line 10 is entered in Item 57			10. Net Disbursements	1 3 7 2 2 0	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 5 - 9 9 8

Description (A)	To Whom Paid (B)	Amount (C)
1. HEALTH AND DENTAL BENEFITS	NSTAR	5 5 1 9 4
2.		
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		5 5 1 9 4
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. VARIOUS LABOR ORGANIZATIONS	5 1 5 0
2. VARIOUS CHARITIES	8 3 7 8
3. SHANNON O'BRIEN CAMPAIGN FUND	3 0 0 0
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 6 5 2 8
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OFFICE EXPENSE	7 0 8 2 0
2. UTILITIES	2 2 2 5 9
3. RENT EXPENSE	9 1 7 3
4. REPAIRS & MAINTENANCE	2 0 0 6 1
5. INSURANCE	2 5 2 2 8
6. AUTO RENTAL	2 2 3 0 7
7. Total from additional pages (if any)	3 7 1 6 2
8. Total of Lines 1 through 7	2 0 7 0 1 0
The total from Line 8 is entered in Item 60	

**SCHEDULE 14 -
OTHER RECEIPTS**

Description (A)	Amount (B)
1. TICKETS	1 8 5 1 4
2. PROMOTIONS	1 8 8 5 5
3. UTILITY REFUND	3 9 9 5
4. MISCELLANEOUS	3 0 4 2
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 4 4 0 6
The total from Line 17 is entered in Item 54	

**SCHEDULE 15 -
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ARBITRATION BOARD	2 0 5 7 8 8
2. CONFERENCE, CONVENTION, MEETING	7 8 1 1 3
3. INTEREST	3 3 7 4 6
4. DEATH BENEFITS PAID	8 0 0 0
5. UNION NEWSPAPER	3 1 3 4 5
6. OFFICER & COMMITTEE EXPENSE	1 9 6 7
7. SOCIAL ACTIVITIES	3 0 2 3 8
8. DUES & SUBSCRIPTIONS	1 6 0 4
9. EDUCATION & TRAINING	1 2 2 7 1
10. UNION DUES REIMBURSEMENTS	3 0 9 5 8
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 3 4 0 3 0
The total from Line 17 is entered in Item 73	

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

FILE NUMBER: 005 - 998

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
HURLEY DANIEL SECRETRY/TREAS		N	3 0 0	0	0	0	3 0 0
CARR WILLIAM BUSINESS AGENT		C	3 7 8 4 6	0	0	0	3 7 8 4 6
RILEY JOHN BUSINESS AGENT		C	3 8 1 4 6	0	0	0	3 8 1 4 6
TROMBLEY PHILLIP BUSINESS AGENT		C	3 8 2 9 6	0	0	0	3 8 2 9 6
BALDWIN VINCENT EXECUTIVE BOARD		P	2 4 8 0	0	0	0	2 4 8 0
BARRY MARY ANN EXECUTIVE BOARD		C	7 6 3 8	0	0	0	7 6 3 8
BOURAS NICHOLAS EXECUTIVE BOARD		N	4 2 1 2	0	0	0	4 2 1 2
BUTLER GEORGE EXECUTIVE BOARD		C	7 4 5 2	0	0	0	7 4 5 2

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

FILE NUMBER: 005 - 998

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
DUFFY JACQUELINE EXECUTIVE BOARD	P	4 9 5 3	0	0	0	4 9 5 3
EMERY KEVIN EXECUTIVE BOARD	C	5 3 5 2	0	0	0	5 3 5 2
FORTE CHARLES EXECUTIVE BOARD	P	4 7 0 6	0	0	0	4 7 0 6
HORN CHRIS EXECUTIVE BOARD	P	1 8 3 6	0	0	0	1 8 3 6
KASPER ELEANOR EXECUTIVE BOARD	P	1 1 8 8 3	0	0	0	1 1 8 8 3
LYNCH EDWARD EXECUTIVE BOARD	C	7 1 2 3	0	0	0	7 1 2 3
MANNING JAMES EXECUTIVE BOARD	N	3 0 0	0	0	0	3 0 0
REBELLO ARTHUR, JR EXECUTIVE BOARD	C	5 1 8 1	0	0	0	5 1 8 1

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 005 - 998

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
ROY JEFFREY EXECUTIVE BOARD	P	5 9 7 9	0	0	0	5 9 7 9
SESSLER EDWARD EXECUTIVE BOARD	N	9 0 0	0	0	0	9 0 0
SMITH DEBORAH EXECUTIVE BOARD	N	1 4 6 4	0	0	0	1 4 6 4
SPIRITO MICHAEL EXECUTIVE BOARD	C	8 7 9 9	0	0	0	8 7 9 9
STIRLING DONALD EXECUTIVE BOARD	N	4 5 5 9	0	0	0	4 5 5 9
SULLIVAN WILLIAM EXECUTIVE BOARD	C	8 4 9 4	0	0	0	8 4 9 4
WOODMAN ANGI EXECUTIVE BOARD	N	3 0 0	0	0	0	3 0 0
YETMAN KEVIN EXECUTIVE BOARD	N	3 0 0 0	0	0	0	3 0 0 0

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

FILE NUMBER: 005 - 998

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
YOUNG PATRICK EXECUTIVE BOARD	C	8 9 2 1	0	0	0	8 9 2 1
COSTA LIZABETH TRUSTEE	P	8 3 2	0	0	0	8 3 2
FONTES ANTHONY TRUSTEE	C	9 0 0	0	0	0	9 0 0
LABO EDWARD TRUSTEE	C	9 8 0	0	0	0	9 8 0
O'CONNOR DANIEL TRUSTEE	C	5 3 0 5	0	0	0	5 3 0 5
ROCHE THOMAS TRUSTEE	N	7 5	0	0	0	7 5
SENIER ROBERT TRUSTEE	C	1 4 8 2	0	0	0	1 4 8 2
SISCO ALAN TRUSTEE	P	8 2 5	0	0	0	8 2 5

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 005 - 998

SCHEDULE 9- ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
STAUBER DAVID TRUSTEE	C	1 0 1 0	0	0	0	1 0 1 0

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

FILE NUMBER: 005 - 998

ENDING DATE OF PERIOD COVERED:
12/31/2002

SCHEDULE 7— PURCHASE OF INVESTMENTS AND FIXED ASSETS *(continued)*

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
EXTERIOR RENOVATIONS - IMPROVEMENTS	20060	20060	20060
BUILDING SINAGE - IMPROVEMENTS	1478	1478	1478
INVESTMENTS	1218759	1218759	1218759

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 0 0 5 - 9 9 8

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

Description (A)	Amount (B)
MISCELLANEOUS	8 3 0 4
TELEPHONE & INTERNET	1 4 6 0 6
MANAGEMENT FEES	6 0 0 0
EQUIPMENT RENTAL	2 6 7 3
LANDSCAPING & SNOW REMOVAL	5 5 7 9

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2002

FILE NUMBER: 0 0 5 - 9 9 8

75. ADDITIONAL INFORMATION

Item Number	
14	A REVIEW WAS PERFORMED BY ALEXANDER, ARONSON, FINNING & CO., P.C. - AN OUTSIDE INDEPENDANT CPA FIRM.

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

FILE NUMBER: 0 0 5 - 9 9 8

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION(*continued*)

Item Number	
23	REAL ESTATE WITH A NET BOOK VALUE OF \$721,797 TO SECURE A MORTGAGE NOTE PAYABLE OF \$575,304.

ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

FILE NUMBER: 005 - 998

ENDING DATE OF PERIOD COVERED:
12/31/2002

75. ADDITIONAL INFORMATION *(continued)*

Item Number 8D(2)	DURING THE YEAR 15 MEMBERS RETIRED FROM THE UNION AND DID NOT REQUEST REPAYMENT OF THEIR \$75.
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ORGANIZATION NAME:
UTILITY WORKERS AFL-CIO

FILE NUMBER: 005 - 998

ENDING DATE OF PERIOD COVERED:
12/31/2002

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign: James Finckley TRUSTEE
3-28-2003 781 848 3740
Date Telephone Number

Trustee Sign: Daniel J. O'Connor TRUSTEE
3-28-03 (617) 541 7046
Date Telephone Number